

Foster Family Home - Corrective Action Report

Provider ID: 1-170091

Home Name: Marianne Cacatian CNA

Review ID: 1-170091-1

2421 Notley Street

Reviewer: Carrie Wakai

Honolulu

HI 96819

Begin Date: 2/8/2018

End Date: 2/22/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a new 2 client CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 2/23/18.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(b)(8)-Current blood borne pathogen and infection control, basic first aid training for CG#1 not present in the home's folder.

Carrie Wakai RN
Compliance Manager

Marianne Cacatian
Primary Care Giver

02/08/2018
Date

02/08/2018
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Marianne M. Cacatian**
CCFFH Address: **2421 Notley st. Honolulu Hi, 96819**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.8	CG#1 has completed the blood borne pathogens training. Training certificate was placed Into home record.	02/17/18	CG#1 will use both phone Calendar w/ alarm and Write on monthly calendar To identify when Requirements are due 2 months before they Expired to allow time to Get them done before They are due.
41.b.8	CG#1 has completed the First aid training. Training certificate was placed Into home record.	02/21/18	CG#1 will use both phone Calendar w/ alarm and Write on monthly calendar To identify when Requirements are due 2 months before they Expired to allow time to Get them done before They are due

Primary Caregiver's Signature: _____

Print Name: Marianne M. Cacatian

Date of Signature: 02/22/18